**Park Place Sober House**

**Client Agreement:**

Entry Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name (First, Middle, Last); \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID/Driver’s License (#/State): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Member and contact #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Member’s address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Supervisor/Contact Person and #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ Yes \_\_\_\_\_ No (If Yes, Please explain below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you presently in the legal system? \_\_\_\_\_Yes \_\_\_\_\_No (If Yes, Please explain below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any (current) Parole or Probation Officers and contact numbers:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your addiction to drugs and/or alcohol? And what was/is your drug of choice?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sobriety/Clean Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been in a Treatment Facility? \_\_\_\_\_ Yes \_\_\_\_\_No (If yes, Please explain below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you taking any prescription medications? \_\_\_\_\_Yes \_\_\_\_\_ No. If Yes, Please list all medications below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Drug | Dosage | AM/PM | Refills | Dr. | Reason |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

ALL MEDICATIONS ARE TO BE KEPT SECURED IN A LOCKED SAFE/BOX. RESIDENTS ARE INDIVIDUALLY RESPONSIBLE FOR THE PROVISION OF HIS/HER OWN SAFE/BOX.

Have you ever been in a Recovery House, Halfway House or similar facility? \_\_\_\_\_Yes \_\_\_\_\_No (If Yes, explain when/where) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a Sponsor? Yes \_\_\_\_\_ No\_\_\_\_\_

If Yes, Sponsor’s Name/#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Release Agreement**

The following terms and agreement are to be read and fully understood by the undersigned client of Park Place Sober Living.

1. Park Place is providing the undersigned client, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

a place to **temporarily** stay in their sober living facility located at 1860 Park Ave, Bridgeport, CT in return for a contracted weekly fee.

2. The undersigned understands that they shall live in the facility for a minimum of the recommended 90 days, under the agreed upon contractual terms and rules as provided and explained, and may terminate their stay, (after the initial 90 days) with a prior two week notice.

3. Park Place is providing a sober living facility only and does not provide any counseling, nor restrict the undersigned from making their own personal choices as long as they do not violate facility rules as outlined in this contract.

4. Park Place will provide a housing facility in normal condition, and shall not be held liable by the undersigned for any injury or loss to the tenant, or their belongings. The undersigned, by and through their signature, acknowledges that they are responsible for any injury or accident and will forever hold harmless Park Place.

5. The undersigned understands that Park Place carries only insurance to cover the dwelling and business assets located in the dwelling.

6. The undersigned will immediately notify Park Place in writing, of any incident resulting in injury or loss. This will include a full accounting of the incident details and any witnesses.

Signed and dated this \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alcohol and/or Drug Screen/Test**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that I can be tested for Drugs and/or Alcohol at any time, for any reason, per my agreement with Park Place Sober Living. I am aware and have full knowledge that the person(s) administering the test(s) are my peers and not medical personnel. I am also aware that if I test positive, refuse compliance or attempt to cheat/circumvent the test in any way, I will be dismissed from the Park Place Sober Living program, and required to leave the premises immediately. My signature below indicates my understanding and consent.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read and initial to indicate your understanding and agreement:**

**\_\_\_\_ Park Place** Sober Living program requires a payment of $400 for sober/security deposit. This will be returned to you when you leave, but will be forfeited if you:

1. \_\_\_**Fail to remain sober**.

2. \_\_\_ Choose to leave prior to the 90 day program requirement.

3. \_\_\_ Do not comply with the following rules.

4. \_\_\_ Are dismissed

5. \_\_\_ Do not give the required two weeks notice when leaving, or

6. \_\_\_ Cause destruction of Park Place property.

\_\_\_\_The security deposit will **not** be used or deducted by client as payment for the last two weeks.

\_\_\_\_Payment is $\_\_\_for a shared room, $\_\_\_ for the single room weekly.

**To make a payment, see house manager. Rent will be payable in advance and due on the Friday of each week. Client will pay a $25 late fee for any rent not received by the Sunday.**

\_\_\_\_A rent arrearage will result in being discharged.

\_\_\_\_A written notice of intention to vacate Park Place is to be given by client 2 weeks prior to designated date of departure. Failure to do so will result in loss of deposit. \_\_\_\_Provided a client departs sober and in good standing (i.e., packs and carries his/her own belongings the day he/she departs, washes and places linen back on his/her bed, cleans his/her respective living area, does not return to the premises without permission, etc.) he/she is likely to receive a refund of any overpayment and their original deposit. \_\_\_\_All refunds are given at the discretion of Park Place Sober Living. Departing clients must allow at least (14) days for the processing of any refund.

\_\_\_\_I realize that the Park Place Sober Living program, for which I am applying for, requires **complete abstinence** from Drugs and/or Alcohol. Any use of Drugs and/or Alcohol is strictly prohibited and will result in immediate dismissal from our residential program.

\_\_\_\_Disruptive and/or discourteous behavior within our community will not be tolerated and if for any reason the community and/or owner finds the client non-conforming to the common code of ethics, morals and respect, it will result in immediate dismissal from our program.

\_\_\_\_A client’s inability to maintain employment and pay his rent in a timely manner will result in dismissal from our program.

**\_\_\_\_Client acknowledges his occupancy shall be deemed a transient occupancy, in that this DOES NOT create a landlord-tenant relationship and is therefore waiving right(s) to normal due process afforded by local landlord-tenant laws.**

**\_\_\_\_I am NOT a tenant of this house.**

\_\_\_\_I have read all the material on this application, and answered each question honestly. I have a sincere desire to live Clean and/or Sober, and achieve comfortable recovery from alcoholism and/or drug addiction without relapse. Any questions I may have had were answered to my satisfaction.

**\_\_\_\_By initialing, I acknowledge agreement to the terms stated.**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**General House Rules/Requirements/Guidelines:**

You are in a Sober Living Program/Environment. Your success and continuance in this program/environment is dependent upon your consistent good behavior and cooperation. Disruptive and/or Discourteous behavior will not be tolerated. Any contact with Illegal Drugs, Marijuana, Kratom and/or Alcohol and/or violation of any of the Rules & Guidelines will result in dismissal and loss of deposit. Your initials and signature indicate your understanding and agreement. When in doubt...**ASK!**

\_\_\_\_ Consumption or possession of beverage alcohol in any form is strictly prohibited.

\_\_\_\_ Use or possession of illegal drugs, Marijuana or Kratom+

in any form is strictly prohibited.

\_\_\_\_ **Use and/or possession of drugs and/or alcohol will result in immediate dismissal.** If dismissed for drugs and/or alcohol the resident agrees to leave the premises immediately and not return for any reason whatsoever, without permission from the House Manager and/or owner.

\_\_\_\_ Lying, Cheating & Stealing are strictly prohibited. If caught, you will be discharged.

\_\_\_\_Clients are required to submit to a **Drug and Alcohol Screen/Test** at any time (24/7) it is requested. **A refusal and/or failure to provide an adequate sample will be treated the same as a positive test result.** Any attempt to Cheat/Circumvent test will result in an eviction and loss of deposit.

**\_\_\_\_ A 90 day stay** is recommended and required when coming to Park Place Sober Living Program.

**\_\_\_\_Daily attendance at “12 Step” meetings** is required, the minimum **mandatory** attendance requirement is **3 per week.** (*not* including the in-house meeting). However, a 90/90 is strongly advised when new to recovery. Signed attendance sheets will be requested by the manager. Clients will be discharged if they do not attend meetings.

\_\_\_\_ Clients are required to find/maintain a Home Group.

\_\_\_\_ Clients are required to maintain a working relationship with a **Sponsor**

\_\_\_\_ Clients are required to maintain **employment.** If at any time a client is/becomes unemployed and is capable of working (not injured or sick), he must actively seek employment Monday through Friday and show evidence of such at the House Manager’s request. A client’s employment should not affect their adherence to any of the other terms of this agreement.

\_\_\_\_ Smoking inside any Park Place Sober Living home is strictly prohibited and **will result in dismissal.**

\_\_\_\_ Park Place Sober Living is NOT (at any time) responsible for a client’s **personal item’s/belonging(s).** Clients are encouraged to limit the amount of belongings that they bring in to allow room for others.

\_\_\_\_Park Place Sober Living will not store personal belongings for more than seventy-two (72) hours.

\_\_\_\_ Overnight guests are strictly prohibited.

\_\_\_\_ Guests are not permitted at the house beyond curfew and are only permitted in the common areas.

\_\_\_\_ Guests cannot be under the influence or in possession of drugs and/or alcohol.

\_\_\_\_**Client curfew** is 10:00pm Sunday through Thursday and 12:00 pm Friday and Saturday. Residents must adhere to more strict curfews when required (i.e., Parole, Probation, etc.). Failure to return to the house on time can/will result in dismissal.

\_\_\_\_ **House quiet time is 10:00pm to 6:00am. (7:00am on weekends).** Any activity (i.e., Lights, TV, Telephone conversations, etc.) that disturb another residents ability to sleep/rest in these times is prohibited.

\_\_\_\_ Dismissed Clients are required to leave the premises immediately and not return under any circumstances. The Police will be called if this becomes problematic and you could be arrested for trespassing.

\_\_\_\_ House Meetings are held weekly, prior to weekly in-house Big Book/Step meeting and are **mandatory** for every resident. Unexcused absences from any House Meeting will result in dismissal.

\_\_\_\_ **Tuesday evening** Big Book/Step meeting is **mandatory for all residents**. Unexcused absences will result in dismissal.

\_\_\_\_ Overnight/Weekend Passes are to be submitted to the House Manager a minimum of (1) week in advance. Passes may not be given if you are in your first 90 days of sobriety. Authorization will be granted at the discretion of House Manager/ owner.

\_\_\_\_ Residents are not permitted in any bedroom other than their own without permission from the client(s) residing in that room; they must also be accompanied by the permitting client.

\_\_\_\_\_Under no circumstances are the women allowed in the men’s bedrooms or bathroom and vice versa. Any sexual relationships between clients is prohibited and will result in dismissal from Park Place.

\_\_\_\_ Washer & Dryer. Be courteous. Clean dryer lint screen before and after every use and do not leave clothes unattended in the washer/dryer.

**\_\_\_\_ Chores are required to be completed weekly and maintained daily.** The House Manager is responsible for chore assignment and completion. Failure to complete assigned chore will result in first a verbal warning, followed by a written warning, then a fine or dismissal.

\_\_\_\_ Good **General Clean-up** of all areas inside & outside the home is required at all times. \_\_\_\_ **Beds are required to be made upon awakening**. Respective areas are to be kept neat, clean and picked up at all times. **NO SLOBS!!**

\_\_\_\_ **Turn off lights, TV’s, Radio’s, AC’s/Fans**, etc., when not in use. **Exterior doors are required to be locked when entering/exiting.**

\_\_\_\_ Clients are required—at all times—to wear appropriate dress in common areas.

\_\_\_\_ Sleeping in common areas is prohibited.

**\_\_\_\_ Kitchen—Appliances, Counter-tops, Utensils, Dishes, Pots, Pans, etc. will be cleaned and returned to their respective place (immediately) after each use.**

\_\_\_\_ Refrigerator—Mark food/leftovers with Name/Date when initially placed in the refrigerator.

\_\_\_\_ Be Accountable/Responsible and Communicate! Accountability, Communication eliminates need for excuses with the House Manager

\_\_\_\_ A violation of any one of the aforementioned Rules & Guidelines can/will result in dismissal.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*UNDER FEDERAL STATUTE YOU ARE NOT A TENANT\*\***

\*\*PARK PLACE SOBER HOUSE OPERATES UNDER THE PUBLIC HEALTH ACT SECTION 1916A (300x-4A), GROUP HOMES FOR RECOVERING SUBSTANCE ABUSERS. Authority for expulsion-Reference paragraph A, B ,C & D\*\*

THIS STATUTE SUPERCEDES ANY LANDLORD/TENANT LAWS.

CLIENTS ARE NOT TENANTS/RESIDENTS!!

FEDERAL ACT 42 USC 300-4a